

BEST AVAILABLE COPY

ISSUE SLIP STATE APE (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	7-16
O.L.P.E. CLASSIFIER	<i>PR</i>	<i>13</i>	<i>7/13/95</i>
FORMALITY REVIEW		<i>05918</i>	<i>8/17/94</i>

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected      N \_\_\_\_\_ Non-elected  
 - \_\_\_\_\_ Allowed      I \_\_\_\_\_ Interference  
 (Through numbers) Canceled      A \_\_\_\_\_ Appeal  
 + \_\_\_\_\_ Restricted      O \_\_\_\_\_ Obsolete

Claim	Date	Claim	Date	Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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